| B1 (Official Form 1)(04/13) United M | States Bankı iddle District o | ruptcy C | Court | | | | Vol | untary Petition |
|---|--|---|--|--|--|---|---------------|----------------------------|
| Name of Debtor (if individual, enter Last, First, Wade, Darren | | Name of Joint Debtor (Spouse) (Last, First, Middle): Wade, Amanda | | | | | | |
| All Other Names used by the Debtor in the last (include married, maiden, and trade names): | 8 years | | | All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names): | | | years | |
| Last four digits of Soc. Sec. or Individual-Taxps (if more than one, state all) xxx-xx-8844 | ayer I.D. (ITIN)/Com | plete EIN | (if more | our digits on than one, state | all) | Individual- | Гахрауег I.l | D. (ITIN) No./Complete EIN |
| Street Address of Debtor (No. and Street, City, a 128 Wheatfield Circle Sanford, FL | and State): | ZIP Code | 128 | | Joint Debtor eld Circle | (No. and St | reet, City, a | nd State): ZIP Code |
| County of Residence or of the Principal Place o Seminole | | 32771 | | y of Reside | nce or of the | Principal Pla | ace of Busin | 32771 ness: |
| Mailing Address of Debtor (if different from str | eet address): | | Mailin | g Address | of Joint Debt | or (if differe | nt from stre | |
| Location of Principal Assets of Business Debtor (if different from street address above): | | ZIP Code | | | | | | ZIP Code |
| Type of Debtor (Form of Organization) (Check one box) Individual (includes Joint Debtors) See Exhibit D on page 2 of this form. Corporation (includes LLC and LLP) Partnership Other (If debtor is not one of the above entities, check this box and state type of entity below.) Chapter 15 Debtors Country of debtor's center of main interests: Each country in which a foreign proceeding | (Check ☐ Health Care Bu ☐ Single Asset Re in 11 U.S.C. § ☐ Railroad ☐ Stockbroker ☐ Commodity Bre ☐ Clearing Bank ☐ Other | eal Estate as de 101 (51B) oker mpt Entity , if applicable) empt organizati | as defined Chapter 7 | | | one box) etition for Recognition Main Proceeding etition for Recognition | | |
| by, regarding, or against debtor is pending: Second Code (the Internal Revenue Code). Internal Revenue Code). | | | | | 51D). owed to insiders or affiliates) und every three years thereafter). | | | |
| Statistical/Administrative Information Debtor estimates that funds will be available Debtor estimates that, after any exempt properties will be no funds available for distribut | erty is excluded and | administrative | | es paid, | | THIS | SPACE IS I | FOR COURT USE ONLY |
| 1- 50- 100- 200- 49 99 199 999 | 1,000- 5,001- 5,000 10,000 | | 5,001- 0,000 | 50,001- 100,000 | OVER 100,000 | | | |
| \$0 to \$50,001 to \$100,001 to \$500,001 \$50,000 \$100,000 \$500,000 to \$1 million | \$1,000,001 \$10,000,001 to \$10 to \$50 million | to \$100 to |] 100,000,001 0 \$500 hillion | \$500,000,001 to \$1 billion | More than \$1 billion | | | |
| \$50,000 \$100,000 \$500,000 to \$1 | \$1,000,001 \$10,000,001 to \$10 to \$50 million million | to \$100 to | | \$500,000,001 to \$1 billion | | | | |

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| BI (Official Fort | 11 1)(04/13) | | rage 2 | | | | |
|---|---|--|------------------------------------|--|--|--|--|
| Voluntary | Petition | Name of Debtor(s): Wade, Darren | | | | | |
| (This page mus | it be completed and filed in every case) | Wade, Amanda | | | | | |
| Location | All Prior Bankruptcy Cases Filed Within Last | Case Number: | | | | | |
| Location Where Filed: | - None - | Case Number: | Date Filed: | | | | |
| Location Where Filed: | | Case Number: | Date Filed: | | | | |
| Pen | ding Bankruptcy Case Filed by any Spouse, Partner, or | Affiliate of this Debtor (If more than | n one, attach additional sheet) | | | | |
| Name of Debto - None - | or: | Case Number: | Date Filed: | | | | |
| District: | | Relationship: | Judge: | | | | |
| | Exhibit A | | hibit B | | | | |
| forms 10K an pursuant to So | eted if debtor is required to file periodic reports (e.g., ad 10Q) with the Securities and Exchange Commission ection 13 or 15(d) of the Securities Exchange Act of 1934 ting relief under chapter 11.) | (To be completed if debtor is an individual whose debts are primarily consumer debts.) I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by 11 U.S.C. §342(b). | | | | | |
| ☐ Exhibit A | A is attached and made a part of this petition. | X /s/ Erik J. Washington | June 11, 2015 | | | | |
| | | Signature of Attorney for Debtor(s) Erik J. Washington 77128 | | | | | |
| | Exh | ibit C | | | | | |
| | own or have possession of any property that poses or is alleged to Exhibit C is attached and made a part of this petition. | pose a threat of imminent and identifiable | e harm to public health or safety? | | | | |
| | Exh | ibit D | | | | | |
| Exhibit I If this is a join | _ | a part of this petition. | a separate Exhibit D.) | | | | |
| ■ Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition. | | | | | | | |
| | Information Regardin | | | | | | |
| • | (Check any ap Debtor has been domiciled or has had a residence, principa days immediately preceding the date of this petition or for | al place of business, or principal asset | ts in this District for 180 | | | | |
| П | | | • | | | | |
| ם ו | □ There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District. □ Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District. | | | | | | |
| | Certification by a Debtor Who Reside (Check all app | | ·ty | | | | |
| | Landlord has a judgment against the debtor for possession | of debtor's residence. (If box checked, | complete the following.) | | | | |
| | (Name of landlord that obtained judgment) | | | | | | |
| | (Address of landlord) | | | | | | |
| | Debtor claims that under applicable nonbankruptcy law, th | | | | | | |
| | the entire monetary default that gave rise to the judgment f Debtor has included with this petition the deposit with the | • • • | • | | | | |
| | after the filing of the petition. □ Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)). | | | | | | |

B1 (Official Form 1)(04/13) Page 3

Voluntary Petition

(This page must be completed and filed in every case)

Signature(s) of Debtor(s) (Individual/Joint)

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X /s/ Darren Wade

Signature of Debtor Darren Wade

X /s/ Amanda Wade

Signature of Joint Debtor Amanda Wade

Telephone Number (If not represented by attorney)

June 11, 2015

Date

Signature of Attorney*

X /s/ Erik J. Washington

Signature of Attorney for Debtor(s)

Erik J. Washington 77128

Printed Name of Attorney for Debtor(s)

The Washington Law Firm

Firm Name

535 N. Fern Creek Ave. Orlando, FL 32803

Address

Email: ewashington@washfirm.com 407-982-4130 Fax: 407-965-4423

Telephone Number

June 11, 2015

Date

*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

 \mathbf{X}

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

Name of Debtor(s):

Wade, Darren Wade, Amanda

Signatures

Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

- ☐ I request relief in accordance with chapter 15 of title 11. United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.
- ☐ Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

| T 2 | |
|------------|--|
| | |
| | |
| | |

Signature of Foreign Representative

Printed Name of Foreign Representative

Date

Signature of Non-Attorney Bankruptcy Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social-Security number (If the bankrutpcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.)(Required by 11 U.S.C. § 110.)

| T |
|----------|
| |
| |
| |

Date

Address

Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. §110; 18 U.S.C. §156.

B 1D (Official Form 1, Exhibit D) (12/09)

United States Bankruptcy Court Middle District of Florida

| In re | Darren Wade Amanda Wade | | Case No. | |
|-------|----------------------------|-----------|----------|----|
| | | Debtor(s) | Chapter | 13 |

EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH CREDIT COUNSELING REQUIREMENT

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

- 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency*.
- □ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*
- □ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. [Summarize exigent circumstances here.] ____

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

| 1D (Official Form 1, Exhibit D) (12/09) - Cont. | Page 2 |
|--|--------|
| ☐ 4. I am not required to receive a credit counseling briefing because of: [Check the applicable | |
| tatement.] [Must be accompanied by a motion for determination by the court.] | |
| ☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or | |
| mental deficiency so as to be incapable of realizing and making rational decisions with respect to | |
| financial responsibilities.); | |
| ☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being | g |
| unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone | _ |
| through the Internet.); | , 01 |
| ☐ Active military duty in a military combat zone. | |
| ☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling equirement of 11 U.S.C. § 109(h) does not apply in this district. | ıg |
| I certify under penalty of perjury that the information provided above is true and correct. | |
| Signature of Debtor: /s/ Darren Wade Darren Wade | |
| Date: June 11, 2015 | |

B 1D (Official Form 1, Exhibit D) (12/09)

United States Bankruptcy Court Middle District of Florida

| In re | Darren Wade Amanda Wade | | Case No. | |
|-------|----------------------------|-----------|----------|----|
| | | Debtor(s) | Chapter | 13 |

EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH CREDIT COUNSELING REQUIREMENT

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

- 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency*.
- □ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*
- □ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. [Summarize exigent circumstances here.]

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

| B 1D (Official Form 1, Exhibit D) (12/09) - Cont. | Page 2 |
|---|--|
| statement.] [Must be accompanied by a motion for a ☐ Incapacity. (Defined in 11 U.S.C. mental deficiency so as to be incapable of refinancial responsibilities.); | § 109(h)(4) as impaired by reason of mental illness or alizing and making rational decisions with respect to |
| • ` | in a credit counseling briefing in person, by telephone, or combat zone. |
| ☐ 5. The United States trustee or bankruptcy requirement of 11 U.S.C. § 109(h) does not apply in | administrator has determined that the credit counseling this district. |
| I certify under penalty of perjury that the | information provided above is true and correct. |
| Signature of Debtor: | /s/ Amanda Wade |
| Date: June 11, 2015 | |

B6 Summary (Official Form 6 - Summary) (12/14)

United States Bankruptcy Court Middle District of Florida

| In re | Darren Wade, | | Case No. | |
|-------|--------------|---------|----------|----|
| | Amanda Wade | | | |
| _ | | Debtors | Chapter | 13 |

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

| NAME OF SCHEDULE | ATTACHED (YES/NO) | NO. OF SHEETS | ASSETS | LIABILITIES | OTHER |
|---|----------------------|------------------|-------------------|-------------|----------|
| A - Real Property | Yes | 1 | 109,378.00 | | |
| B - Personal Property | Yes | 4 | 13,151.03 | | |
| C - Property Claimed as Exempt | Yes | 1 | | | |
| D - Creditors Holding Secured Claims | Yes | 1 | | 227,253.00 | |
| E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E) | Yes | 1 | | 0.00 | |
| F - Creditors Holding Unsecured Nonpriority Claims | Yes | 6 | | 34,116.00 | |
| G - Executory Contracts and Unexpired Leases | Yes | 1 | | | |
| H - Codebtors | Yes | 1 | | | |
| I - Current Income of Individual Debtor(s) | Yes | 2 | | | 3,859.72 |
| J - Current Expenditures of Individual Debtor(s) | Yes | 2 | | | 2,015.00 |
| Total Number of Sheets of ALL Schedu | ıles | 20 | | | |
| | To | otal Assets | 122,529.03 | | |
| | | | Total Liabilities | 261,369.00 | |

B 6 Summary (Official Form 6 - Summary) (12/14)

United States Bankruptcy Court Middle District of Florida

| In re | Darren Wade, | | Case No. | |
|-------|--------------|---------|----------|----|
| | Amanda Wade | | | |
| | | Debtors | Chapter | 13 |

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C.§ 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

| Type of Liability | Amount |
|---|--------|
| Domestic Support Obligations (from Schedule E) | 0.00 |
| Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E) | 0.00 |
| Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed) | 0.00 |
| Student Loan Obligations (from Schedule F) | 0.00 |
| Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E | 0.00 |
| Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F) | 0.00 |
| TOTAL | 0.00 |

State the following:

| Average Income (from Schedule I, Line 12) | 3,859.72 |
|--|----------|
| Average Expenses (from Schedule J, Line 22) | 2,015.00 |
| Current Monthly Income (from Form 22A-1 Line 11; OR, Form 22B Line 14; OR, Form 22C-1 Line 14) | 5,910.86 |

State the following:

| Total from Schedule D, "UNSECURED PORTION, IF ANY" column | | 106,475.00 |
|--|------|------------|
| 2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column | 0.00 | |
| 3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column | | 0.00 |
| 4. Total from Schedule F | | 34,116.00 |
| 5. Total of non-priority unsecured debt (sum of 1, 3, and 4) | | 140,591.00 |

Case 6:15-bk-05064-ABB Doc 1 Filed 06/11/15 Page 10 of 50

B6A (Official Form 6A) (12/07)

| In re | Darren Wade, | Case No. |
|-------|--------------|----------|
| | Amanda Wade | |

Debtors

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

| Residence:3/2 Home | Homestead | J | 109,378.00 | 206,599.00 | |
|--------------------------------------|--|---|--|----------------------------|--|
| Description and Location of Property | Nature of Debtor's Husband, Wife, Interest in Property Joint, or Communit | | Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption | Amount of Secured Claim | |

Location: 128 Wheatfield Circle, Sanford FL 32771 Legal Description: LOT 13 CELERY LAKES PHASE

1A PB 67 PGS 98 & 99

Parcel ID: 32-19-31-518-0000-0130

Sub-Total > **109,378.00** (Total of this page)

Total > 109,378.00

(Report also on Summary of Schedules)

B6B (Official Form 6B) (12/07)

| In re | Darren Wade, | Case No. |
|-------|--------------|----------|
| | Amanda Wade | |

Debtors

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

| | Type of Property | N O N E | Description and Location of Property | Husband, Wife, Joint, or Community | Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption |
|----|--|------------------|---|---|---|
| 1. | Cash on hand | Х | | | |
| 2. | accounts, certificates of deposit, or | | Checking Account Location: TD Bank | J | 665.88 |
| | shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives. | | Savings Account TD Bank | J | 0.15 |
| 3. | Security deposits with public utilities, telephone companies, landlords, and others. | X | | | |
| 4. | Household goods and furnishings, including audio, video, and computer equipment. | | Furniture:1Sofa Loveseat, 2 Recliners,2 Bedroom Sets, 2 Dining Room Tables, 4 TVs, 2 Laptops, 3 Dressers, 3 Arm Chair, Floor Length Mirrors, Refrigerator, Stove/Oven, Microwave, Washer/Dryer Location: 128 Wheatfield Circle, Sanford FL 32771 | J | 585.00 |
| 5. | Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles. | X | | | |
| 6. | Wearing apparel. | | Wearing Apparel: Men and Women Clothing Location: 128 Wheatfield Circle, Sanford FL 32771 | J | 200.00 |
| 7. | Furs and jewelry. | | Jewelery: Costume Jewelery Location: 128 Wheatfield Circle, Sanford FL 32771 | - | 100.00 |
| 8. | Firearms and sports, photographic, and other hobby equipment. | | Taurus DT 740 Firearms Location: 128 Wheatfield Circle, Sanford FL 32771 | Н | 200.00 |
| 9. | Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each. | X | | | |
| | | | | Sub-Total of this page) | al > 1,751.03 |

3 continuation sheets attached to the Schedule of Personal Property

| In re | Darren Wade, |
|-------|--------------|
| | Amanda Wade |

Debtors

SCHEDULE B - PERSONAL PROPERTY

| | (Continuation Sheet) | | | | |
|-----|---|------------------|--------------------------------------|---|---|
| | Type of Property | N O N E | Description and Location of Property | Husband, Wife, Joint, or Community | Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption |
| 10. | Annuities. Itemize and name each issuer. | Х | | | |
| 11. | Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).) | X | | | |
| 12. | Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars. | X | | | |
| 13. | Stock and interests in incorporated and unincorporated businesses. Itemize. | X | | | |
| 14. | Interests in partnerships or joint ventures. Itemize. | X | | | |
| 15. | Government and corporate bonds and other negotiable and nonnegotiable instruments. | X | | | |
| 16. | Accounts receivable. | X | | | |
| 17. | Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars. | X | | | |
| 18. | Other liquidated debts owed to debtor including tax refunds. Give particulars. | | | | |
| 19. | Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property. | X | | | |
| 20. | Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust. | X | | | |
| | | | | | |

0.00 Sub-Total > (Total of this page)

Sheet <u>1</u> of <u>3</u> continuation sheets attached to the Schedule of Personal Property

| In re | Darren Wade, |
|-------|--------------|
| | Amanda Wade |

Debtors

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

| | Type of Property | N O N E | Description and Location of Property | Husband, Wife, Joint, or Community | Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption |
|-----|---|------------------|---|---|---|
| 21. | Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each. | Х | | | |
| 22. | Patents, copyrights, and other intellectual property. Give particulars. | X | | | |
| 23. | Licenses, franchises, and other general intangibles. Give particulars. | X | | | |
| 24. | Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes. | X | | | |
| 25. | Automobiles, trucks, trailers, and other vehicles and accessories. | V N C | Auto: 2010 Dodge Grand Caravan /IN: 2D4RN5D19AR251439 /Illeage: 84,000 Condition: Average .ocation: 128 Wheatfield Circle, Sanford FL 32771 | J | 7,500.00 |
| | | V N C | outo: 2007 Chevy Equinox Vin: 2CNDL73F776231167 Mileage: 125,000 Condition: Average Cocation: 128 Wheatfield Circle, Sanford FL 32771 | J | 3,900.00 |
| 26. | Boats, motors, and accessories. | X | | | |
| 27. | Aircraft and accessories. | X | | | |
| 28. | Office equipment, furnishings, and supplies. | X | | | |
| 29. | Machinery, fixtures, equipment, and supplies used in business. | X | | | |
| 30. | Inventory. | X | | | |
| | | | | | |

Sub-Total > 11,400.00 (Total of this page)

Sheet **2** of **3** continuation sheets attached to the Schedule of Personal Property

Case 6:15-bk-05064-ABB Doc 1 Filed 06/11/15 Page 14 of 50

B6B (Official Form 6B) (12/07) - Cont.

| In re | Darren Wade, | Case No. |
|-------|--------------|----------|
| | Amanda Wade | |

Debtors

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

| | Type of Property | N O N E | Description and Location of Property | Husband, Wife, Joint, or Community | Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption |
|-----|--|------------------|--------------------------------------|---|---|
| 32. | Crops - growing or harvested. Give particulars. | X | | | |
| 33. | Farming equipment and implements. | X | | | |
| 34. | Farm supplies, chemicals, and feed. | X | | | |
| 35. | Other personal property of any kind not already listed. Itemize. | X | | | |

| Sub-Total > | 0.00 | | (Total of this page) | Total > | 13,151.03 |

Sheet <u>3</u> of <u>3</u> continuation sheets attached to the Schedule of Personal Property

(Report also on Summary of Schedules)

B6C (Official Form 6C) (4/13)

| In re | Darren Wade, | Case No |
|-------|--------------|---------|
| | Amanda Wade | |

Debtors

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

| Debtor claims the exemptions to which debtor is entitled (Check one box) ☐ 11 U.S.C. §522(b)(2) ☐ 11 U.S.C. §522(b)(3) | \$155,675. (Amount s | ims a homestead exemption that exceeds abject to adjustment on 4/1/16, and every three years thereafted to cases commenced on or after the date of adjustment.) | | | | | |
|--|--|---|---|--|--|--|--|
| Description of Property | Specify Law Providing Each Exemption | Value of Claimed Exemption | Current Value of Property Without Deducting Exemption | | | | |
| Real Property Residence:3/2 Home Location: 128 Wheatfield Circle, Sanford FL 32771 Legal Description: LOT 13 CELERY LAKES PHASE 1A PB 67 PGS 98 & 99 Parcel ID: 32-19-31-518-0000-0130 | Fla. Const. art. X, § 4(a)(1); Fla. Stat. Ann. §§ 222.01 & 222.02 | 0.00 | 109,378.00 | | | | |
| Checking, Savings, or Other Financial Accounts, Checking Account Location: TD Bank | Certificates of Deposit Fla. Const. art. X, § 4(a)(2) | 665.88 | 665.88 | | | | |
| Savings Account TD Bank | Fla. Const. art. X, § 4(a)(2) | 0.15 | 0.15 | | | | |
| Household Goods and Furnishings Furniture:1Sofa Loveseat, 2 Recliners,2 Bedroom Sets, 2 Dining Room Tables, 4 TVs, 2 Laptops, 3 Dressers, 3 Arm Chair, Floor Length Mirrors, Refrigerator, Stove/Oven, Microwave, Washer/Dryer Location: 128 Wheatfield Circle, Sanford FL 32771 | Fla. Const. art. X, § 4(a)(2) | 585.00 | 585.00 | | | | |
| Wearing Apparel Wearing Apparel: Men and Women Clothing Location: 128 Wheatfield Circle, Sanford FL 32771 | Fla. Const. art. X, § 4(a)(2) | 200.00 | 200.00 | | | | |
| <u>Furs and Jewelry</u> Jewelery: Costume Jewelery Location: 128 Wheatfield Circle, Sanford FL 32771 | Fla. Const. art. X, § 4(a)(2) | 100.00 | 100.00 | | | | |
| Firearms and Sports, Photographic and Other Ho Taurus DT 740 Firearms Location: 128 Wheatfield Circle, Sanford FL 32771 | obby Equipment Fla. Const. art. X, § 4(a)(2) | 200.00 | 200.00 | | | | |

Total: 1,751.03 111,129.03

B6D (Official Form 6D) (12/07)

| In re | Darren Wade, | Case No. |
|-------|--------------|----------|
| | Amanda Wade | |

Debtors

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Unliquidated". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

| | C | Н | sband, Wife, Joint, or Community | CO | U N | D | AMOUNT OF | |
|--|---------------|-------------|---|-----------|------------------|---|---|---------------------------------|
| CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | O D E B T O R | A A H | DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN | ONTINGENT | LIQUID | | CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL | UNSECURED PORTION, IF ANY |
| Account No. xxxx8620 | | | Opened 2/01/13 Last Active 4/20/15 | T | A T E D | | | |
| Credit Acceptance Attn: Bankruptcy Dept 25505 West 12 Mile Rd Ste 3000 Southfield, MI 48034 | | J | Auto: 2007 Chevy Equinox Vin: 2CNDL73F776231167 Mileage: 125,000 Condition: Average Location: 128 Wheatfield Circle, Sanford FL 32771 | x | | | | |
| | ╀ | 1 | Value \$ 3,900.00 | | | | 9,467.00 | 5,567.00 |
| Account No. xxxxxxxxxxxxxx1000 Santander Consumer Usa Po Box 961245 Ft Worth, TX 76161 | | J | Opened 12/01/14 Last Active 4/21/15 Auto: 2010 Dodge Grand Caravan VIN: 2D4RN5D19AR251439 Mileage: 84,000 Condition: Average Location: 128 Wheatfield Circle, Sanford FL 32771 | | | | | |
| | | | Value \$ 7,500.00 | | | | 11,187.00 | 3,687.00 |
| Account No. xxxxxxxxx7657 Selene Finance 9990 Richmond Ave. Suite 400 South Houston, TX 77042 | | J | Opened 6/29/07 Last Active 5/01/08 First Mortgage Residence:3/2 Home Location: 128 Wheatfield Circle, Sanford FL 32771 Legal Description: LOT 13 CELERY LAKES PHASE 1A PB 67 PGS 98 & 99 Parcel ID: 32-19-31-518-0000-0130 Value \$ 109,378.00 | x | x | | 206,599.00 | 97,221.00 |
| Account No. | | | | | | | | |
| | | | Value \$ | | | | | |
| continuation sheets attached | | | S (Total of th | | tota pag | | 227,253.00 | 106,475.00 |
| | | | (Report on Summary of Sc | | Tota lule | | 227,253.00 | 106,475.00 |

B6E (Official Form 6E) (4/13)

| In re | Darren Wade, | Case No. |
|-------|--------------|----------|
| _ | Amanda Wade | |

Debtors

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

| Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E. | |
|--|--------|
| TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets) | |
| Domestic support obligations Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible rof such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1). | relati |
| ☐ Extensions of credit in an involuntary case Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment trustee or the order for relief. 11 U.S.C. § 507(a)(3). | nt of |
| ☐ Wages, salaries, and commissions Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent representatives up to \$12,475* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichev occurred first, to the extent provided in 11 U.S.C. § 507(a)(4). | |
| ☐ Contributions to employee benefit plans Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of but whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5). | usine |
| ☐ Certain farmers and fishermen Claims of certain farmers and fishermen, up to \$6,150* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6). | |
| ☐ Deposits by individuals Claims of individuals up to \$2,775* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were no delivered or provided. 11 U.S.C. § 507(a)(7). | ot |
| ☐ Taxes and certain other debts owed to governmental units Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8). | |
| ☐ Commitments to maintain the capital of an insured depository institution Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Foreserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9). | edera |
| Claims for death or personal injury while debtor was intoxicated Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10). | |

continuation sheets attached

^{*} Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

B6F (Official Form 6F) (12/07)

| In re | Darren Wade, | | Case No. | |
|-------|--------------|---------|----------|--|
| | Amanda Wade | | | |
| | | Debtors | _, | |

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | C O D E B T O R | Hu H W J C | CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGEN | QULD | C I S F U T E C | S P U T E | AMOUNT OF CLAIM |
|---|-----------------|------------------------|---|-------------|-------------|-----------------|-----------------------|-----------------|
| Account No. xxxxxxxxxxxxxxxxxxxxxx0689 | | | Opened 5/01/14 Last Active 5/15/15 | Ť | A T E | | | |
| Acceptance Now 5501 Headquarters Dr Plano, TX 75024 | | Н | Rental Agreement | | D | | | 325.00 |
| Account No. xxxxxx9214 | | | Opened 10/01/14 | T | T | t | † | |
| Afni, Inc. Po Box 3097 Bloomington, IL 61702 | | Н | Collection Attorney Directv | | | | | 261.00 |
| Account No. xxxx1675 | | | Opened 1/01/14 | ╄ | igapha | \downarrow | \dashv | 201.00 |
| Amerifinancial Solutio Po Box 602570 Charlotte, NC 28260 | | w | Collection Attorney Emerg Phys Of Central FI | | | | | |
| | | | | | | | | 498.00 |
| Account No. xxxxx4426 Business Revenue Syste 2419 Spy Run Avenu Fort Wayne, IN 46805 | | w | Opened 3/01/15 Collection Attorney Medical Center Radiology Group | | | | | |
| | | | | | | | | 39.00 |
| _5 continuation sheets attached | | | (Total of t | Subt his | | | | 1,123.00 |

| In re | Darren Wade, | Case No. |
|-------|--------------|----------|
| _ | Amanda Wade | |

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

| GDED WOOD IS ALL OF | С | Hu | sband, Wife, Joint, or Community | С | U | D | |
|---|----------|-------------|---|-----------|------------------|------------|-----------------|
| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | H W H | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGEN | U I D | l D | AMOUNT OF CLAIM |
| Account No. xxx8523 | Γ | | Med1 02 Central Florida Regional Hos | Т | A T E D | | |
| Capio 2222 Texoma Pkwy Ste 150 Sherman, TX 75090 | | н | | | D | | 1,100.00 |
| Account No. xxxx0824 | ╁ | | Opened 11/01/14 | + | | H | , |
| Capio Partners Llc Attn: Bankruptcy 2222 Texoma Pkwy Ste 150 Sherman, TX 75090 | | w | Collection Attorney Seminole Emergency Group Llc | | | | 736.00 |
| Account No. xxxx0989 | ╁ | | Opened 11/01/14 | ╁ | | ┢ | 100.00 |
| Capio Partners Llc Attn: Bankruptcy 2222 Texoma Pkwy Ste 150 Sherman, TX 75090 | | w | Collection Attorney Seminole Emergency Group Llc | | | | 736.00 |
| Account No. xxxxxxxxxxxx0130 | ╁ | | HOA Assesments | + | | | |
| Celery Lakes HOA, Inc. Po Box 105302 Atlanta, GA 30348 | | J | | x | x | | Unknown |
| Account No. xxxx4010 | \vdash | | Med1 02 Emcare | + | \vdash | \vdash | Olikilowii |
| Centcredserv 20 Corporate Hills Dr Saint Charles, MO 63301 | | н | | | | | 651.00 |
| Sheet no1 of _5 sheets attached to Schedule of | _ | | | Sub | tota | 1 <u> </u> | |
| Creditors Holding Unsecured Nonpriority Claims | | | (Total of t | | | | 3,223.00 |

| In re | Darren Wade, | Case No |
|-------|--------------|---------|
| | Amanda Wade | |

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

| GDED WORLD VALVE | C O D E B T | Hu | sband, Wife, Joint, or Community | C O N T | U N L | D | |
|--|-------------|------------------|---|------------------|------------------|---|----------|
| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | | H W J C | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | ISPUTED | AMOUNT OF CLAIM | | |
| Account No. xxxx4011 | | | Med1 02 Emcare | NG E NT | A T E D | | |
| Centcredserv 20 Corporate Hills Dr Saint Charles, MO 63301 | | н | | | D | | 91.00 |
| Account No. xxxxxx1723 | | | Opened 8/01/13 | | | | 91.00 |
| Crd Prt Asso Attn: Bankruptcy Po Box 802068 Dallas, TX 75380 | | w | Collection Attorney Bright House Networks | | | | |
| | | | | | | | 764.00 |
| Account No. xxxxxx6544 Crd Prt Asso Attn: Bankruptcy Po Box 802068 Dallas, TX 75380 | | н | 11 Bright House Networks | | | | 539.00 |
| Account No. xxxx9881 Diversified Consultant 10550 Deerwood Park Blvd Jacksonville, FL 32256 | | Н | Opened 1/01/15 Collection Attorney Sprint | | | | 437.00 |
| Account No. xxxx7900 Fac/nab 480 James Robertson Pkwy Nashville, TN 37219 | | w | Opened 8/01/10 Collection Attorney Joseph L Riley Anes. Assoc | | | | 585.00 |
| Sheet no. 2 of 5 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | (Total of | Sub this | | | 2,416.00 |

| In re | Darren Wade, | Case No |
|-------|--------------|---------|
| | Amanda Wade | |

Debtors SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

| CREDITORIS NAME | C | Hu | sband, Wife, Joint, or Community | С | U | D | T |
|---|---|-----|---|-----------|------------------|------------------|-----------------|
| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | | J C | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONFINGEN | QULD | U T E D | AMOUNT OF CLAIM |
| Account No. xxxx6576 | | | Opened 7/01/11 | ٦Ÿ | A T E D | | |
| First Federal Credit C 24700 Chagrin Blvd Ste 2 Cleveland, OH 44122 | | w | Collection Attorney Of Orlando | | D | | 40.00 |
| Account No. xxxxxxxxxxxx5798 | - | | Opened 6/01/13 Last Active 9/16/13 Credit Card | | | | 46.00 |
| First Premier Bank 3820 N Louise Ave Sioux Falls, SD 57107 | | Н | | | | | |
| | | | | | | | 422.00 |
| Account No. xxxxxxxxxxxxx6365 Fox Collection Center 456 Moss Trl Goodlettsville, TN 37072 | | w | Opened 2/01/14 Collection Attorney Central FI Endocrine | | | | |
| Account No. xxxx6674 | ╀ | | Med1 02 Orlando Regional Healthcare | + | | <u> </u> | 65.00 |
| Holl Crd P O Box 230609 Montgomery, AL 36123 | | w | | | | | 75.00 |
| Account No. xxxxxx8001 | ╁ | | Med1 02 Physician Associates | + | | | 75.00 |
| IC System Attn: Bankruptcy 444 Highway 96 East; Po Box 64378 St. Paul, MN 55164 | | w | | | | | 225.00 |
| Sheet no. 3 of 5 sheets attached to Schedule of | | | | Sub | tots | 1 | 223.00 |
| Creditors Holding Unsecured Nonpriority Claims | | | (Total of | | | | 833.00 |

| In re | Darren Wade, | Case No |
|-------|--------------|---------|
| | Amanda Wade | |

Debtors SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

| | 1.0 | l | ahand Wife Isiat as Community | 10 | | Ь | |
|---|----------|------------------|---|-----------|------------------|--------|-----------------|
| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | H W J C | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGEN | QULD | ISPUTE | AMOUNT OF CLAIM |
| Account No. xxxxxxx5001 | | | Opened 4/01/14 | Т | A T E D | | |
| IC System Attn: Bankruptcy 444 Highway 96 East; Po Box 64378 St. Paul, MN 55164 | | н | Collection Attorney At T Se Formerly Bell South | | D | | 201.00 |
| Account No. xxxx9898 | | | Opened 7/01/07 Last Active 5/04/09 | \dagger | | | |
| Mazda Amer Cr Ford Credit Po Box 6275 Dearborn, MI 48121 | | J | Lease | | | | 11,978.00 |
| Account No. xxxxx90N1 Med Bus Cons Po Box 5417 Largo, FL 33779 | | w | Opened 9/01/10 Collection Attorney Med1 02 Open Mri Of Sanford | | | | 130.00 |
| Account No. xxxxxx8222 Midland Funding 8875 Aero Dr Ste 200 San Diego, CA 92123 | | w | Opened 11/01/13 Factoring Company Account Hsbc Bank Nevada N.A. | | | | |
| | | | | | | | 1,971.00 |
| Account No. xxxxxx4024 | T | | Med1 02 Loch Haven Ob Gyn | T | | | |
| North Amercn 2810 Walker Rd Chattanooga, TN 37421 | | w | | | | | 470.00 |
| Sheet no. 4 of 5 sheets attached to Schedule of | | | | Sub | tota | 1 | |
| Creditors Holding Unsecured Nonpriority Claims | | | (Total of | | | | 14,750.00 |

| In re | Darren Wade, | Case No |
|-------|--------------|---------|
| | Amanda Wade | |

Debtors SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

| CREDITOR'S NAME, | o | U | D | |
|---|---|--------------|------------|-----------------|
| CREDITORS TO INC. | Į C | | | |
| AND ACCOUNT NUMBER (See instructions above.) (See See See See See See See See See See | CLAIM WAS INCURRED AND ATION FOR CLAIM. IF CLAIM ECT TO SETOFF, SO STATE. | ט ו | D I SPUTED | AMOUNT OF CLAIM |
| Account No. xxxxxxxxx8300 Med1 02 Florid | a Pathology Lab | E | | |
| North Amercn 2810 Walker Rd Chattanooga, TN 37421 | | D | | 162.00 |
| Account No. xxxxxx4027 Med1 02 Loch | Haven Ob Gyn | T | T | |
| North Amercn 2810 Walker Rd Chattanooga, TN 37421 | | | | 112.00 |
| | | | | 112.00 |
| Account No. xxxxxxxxxx0001 Opened 4/01/0 | 7 Last Active 10/31/14 | | | |
| Verizon 500 Technology Dr Ste 550 Weldon Spring, MO 63304 | | | | |
| | | | | 3,739.00 |
| Account No. xxxx7334 West Asset 2703 North Highway 75 Sherman, TX 75090 Opened 4/01/1 Collection Attorney Hospi | 5 rney Central Florida Regional | | | 400.00 |
| | | | | 100.00 |
| Account No. xxxxxxxx9593 Wfs Financial/Wachovia Dealer Srvs Po Box 3569 Rancho Cucamonga, CA 91729 Opened 9/01/0 Automobile | 7 Last Active 8/25/11 | | | 7,658.00 |
| Sheet no. <u>5</u> of <u>5</u> sheets attached to Schedule of | Sub | tete | 1 1 | |
| Creditors Holding Unsecured Nonpriority Claims | (Total of this | | | 11,771.00 |
| | (Report on Summary of Sche | Tota dule | | 34,116.00 |

B6G (Official Form 6G) (12/07)

| In | re |
|----|----|

Darren Wade, Amanda Wade Case No.

Debtors

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract

Description of Contract or Lease and Nature of Debtor's Interest.

State whether lease is for nonresidential real property.

State contract number of any government contract.

Progressive Leasing 10610 s Jordan Gateway Suite 100 South Jordan, UT 84095 **Furniture lease**

Case 6:15-bk-05064-ABB Doc 1 Filed 06/11/15 Page 25 of 50

B6H (Official Form 6H) (12/07)

| In re | Darren Wade, | Case No. |
|-------|--------------|----------|
| | Amanda Wade | |
| | | |

Debtors

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR

NAME AND ADDRESS OF CREDITOR

| | in this information to identify | | | | | | | | | |
|------------|--|--|----------------------------------|-------------|----------|---------------------|----------------------------|------------------------------|-----------|--|
| Dec | otor 1 <u>Darren</u> | | | | - | | | | | |
| | otor 2 Amand | la Wade | | | - | | | | | |
| Uni | ted States Bankruptcy Court | for the: MIDDLE DISTRICT | T OF FLORIDA | | _ | | | | | |
| | se number | | | | | Check if this is | : | | | |
| (If kn | nown) | | | | | ☐ An amend | • | | | |
| | | | | | | ☐ A supplem | ent showing as of the foll | post-petitio lowing date: | n chapter | |
| <u>O</u> 1 | fficial Form B 6I | | | | | MM / DD/ | YYYY | | | |
| So | chedule I: Your | Income | | | | | | | 12/1 | |
| | use. If you are separated and the separate sheet to this to the separate sheet to this to the separate sheet to this to the separate sheet to the separate sheet to the separate sheet to the separate sheet | form. On the top of any add | ditional pages, write yo | | | ase number (if | known). An | swer every | | |
| | information. | | Debtor 1 | | | _ | 2 or non-fili | ng spouse | | |
| | If you have more than one j attach a separate page with | | | | | □ Emp | • | | | |
| | information about additiona employers. | I | ☐ Not employed | | | ■ Not employed | | | | |
| | Include part-time, seasonal. | Occupation | General Manage | er | | | | | | |
| | self-employed work. | Employer's name | Mcdonalds | | | | | | | |
| | Occupation may include stu or homemaker, if it applies. | ident Employer's addres | 290 N. Highway Longwood, FL 3 | | | | | | | |
| | | How long employe | d there? 15 Year | s | | | | | | |
| Par | t 2: Give Details Abou | ut Monthly Income | | | | | | | | |
| Esti | mate monthly income as of use unless you are separated | the date you file this form. | . If you have nothing to re | eport for a | any line | e, write \$0 in the | e space. Inclu | ude your no | n-filing | |
| | u or your non-filing spouse ha e space, attach a separate sh | | , combine the information | n for all e | | | | | you need | |
| | | | | | F | or Debtor 1 | For Debt non-filing | or 2 or g spouse | | |
| 2. | | s, salary, and commissions nthly, calculate what the mor | | 2. | \$ | 3,461.54 | \$ | 0.00 | | |
| 3. | Estimate and list monthly | overtime pay. | | 3. | +\$ | 0.00 | +\$ | 0.00 | | |
| 4. | Calculate gross Income. | Add line 2 + line 3. | | 4. | \$ | 3,461.54 | \$ | 0.00 | | |

| Debte Debte | | Darren Wade Amanda Wade | - | Ca | ase n | umber (<i>if known</i>) | | | | |
|----------------|--|---|--|-----------|-------------|--|----------------------|----------|--|----------|
| | 0 | ve Pine Albana | | F | For [| Debtor 1 | | or Debto | spouse | |
| | Cop | by line 4 here | 4. | 4 | ` — | 3,461.54 | \$ | | 0.00 | |
| 5. | List | all payroll deductions: | | | | | | | | |
| | 5a. 5b. 5c. 5d. 5e. 5f. | Tax, Medicare, and Social Security deductions Mandatory contributions for retirement plans Voluntary contributions for retirement plans Required repayments of retirement fund loans Insurance Domestic support obligations | 5a. 5b. 5c. 5d. 5e. 5f. | 9 9 9 9 | | 475.40 0.00 0.00 0.00 126.42 0.00 | \$ \$ \$ \$ | | 0.00 0.00 0.00 0.00 0.00 0.00 | |
| | 5g. 5h. | Union dues Other deductions. Specify: | 5g. 5h.⊣ | ₽ + \$ | | 0.00 | + \$ | | 0.00 | |
| 6. | | I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | — 6. | ν ψ 2 | <u> </u> | 601.82 | · \$ | | 0.00 | |
| | | , , | | Φ | | | Ţ | | | |
| 7. 8. | | culate total monthly take-home pay. Subtract line 6 from line 4. all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total | 7. | \$ | | 2,859.72 | \$ | | 0.00 | |
| | 8b. | monthly net income. Interest and dividends | 8a. 8b. | 9 | | 0.00 | \$ \$ | | 0.00 | |
| | 8c. | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | | \$ | | 0.00 | \$ | | 0.00 | |
| | 8d. | Unemployment compensation | 8d. | \$ | \subseteq | 0.00 | \$ | | 0.00 | |
| | 8e. 8f. | Social Security Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | 8e. 8f. | \$ | S | 0.00 | \$ | | 0.00 | |
| | 8g. | Pension or retirement income | 8g. | \$ | <u> </u> | 0.00 | \$ | | 0.00 | |
| | 8h. | Other monthly income. Specify: Family Assistance | 8h.⊣ | - \$ | <u> </u> | 1,000.00 | + \$ | | 0.00 | 7 |
| 9. | Add | d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$ | | 1,000.00 | \$ | | 0.00 | _ |
| 10. | Cal | culate monthly income. Add line 7 + line 9. | 10. \$ | | 3 | ,859.72 + \$ | | 0.00 | = \$ | 3,859.72 |
| | Add | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | | | | | | | | |
| 11. | othe Do i | te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your per friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not a cify: | depen | | | | • | | | 0.00 |
| 12. | | If the amount in the last column of line 10 to the amount in line 11. The reside that amount on the Summary of Schedules and Statistical Summary of Certain lies | | | | | | | Combin | |
| 13. | | you expect an increase or decrease within the year after you file this form | ? | | | | | | monthly | income |
| | | Yes. Explain: | | | | | | | | |

| Fill i | n this informa | ation to identify yo | our case: | | | | | |
|--------|------------------------------|-------------------------------------|---------------------------|---|--|-----|--|-------------------------------|
| Debt | tor 1 | Darren Wade | е | | | Che | eck if this is: | |
| | | | | | | | An amended filing | |
| Debt | | Amanda Wa | de | | | | A supplement show 13 expenses as of | ving post-petition chapter |
| (Spo | ouse, if filing) | | | | | | 13 expenses as or | the following date. |
| Unite | ed States Bank | ruptcy Court for the | : MIDDLI | E DISTRICT OF FLORIDA | <u> </u> | | MM / DD / YYYY | |
| | e number | | | | | | | r Debtor 2 because Debtor |
| (If kn | nown) | | | | | | 2 maintains a sepa | rate household |
| Of | ficial Fo | orm B 6J | | | | | | |
| | | J: Your | _ Exper | ises | | | | 12/13 |
| Be a | as complete rmation. If n | and accurate as | s possible. eded, atta | . If two married people ar ich another sheet to this | | | | or supplying correct |
| Part | 1: Desc | ribe Your House | hold | | | | | |
| 1. | □ No. Go to | | | | | | | |
| | | es Debtor 2 live | in a conor | ata haysahald? | | | | |
| | | | ın a separ | ate nousenoid? | | | | |
| | | | ot file e eer | parate Schedule J. | | | | |
| | ш | es. Debiol 2 mus | st lile a sep | darate Scriedule J. | | | | |
| 2. | Do you hav | e dependents? | ☐ No | | | | | |
| | Do not list Debtor 2. | Debtor 1 and | Yes. | Fill out this information for each dependent | Dependent's relation Debtor 1 or Debtor 2 | | Dependent's age | Does dependent live with you? |
| | Do not state | | | | 0 | | | □ No |
| | dependents | ' names. | | | Son | | _ 5 | ■ Yes □ No |
| | | | | | Son | | 6 | Yes |
| | | | | | Stepson | | 10 | □ No ■ Yes |
| | | | | | | | | □ No |
| _ | _ | | | | | | | ☐ Yes |
| 3. | | penses include of people other t | han | No | | | | |
| | yourself an | d your depende | nts? ⊔ | Yes | | | | |
| Part | 2: Estin | nate Your Ongoi | ng Month | ly Expenses | | | | |
| exp | imate your e | xpenses as of year | our bankr | uptcy filing date unless y y is filed. If this is a supp | | | | |
| Incl | ude exnens | es naid for with | non-cash | government assistance i | f vou know | | | |
| the | | h assistance an | | cluded it on Schedule I:) | | | Your exp | enses |
| 4. | | or home owners | | ses for your residence. I | nclude first mortgage | 4. | \$ | 0.00 |
| | If not inclu | ded in line 4: | | | | | | |
| | 4a. Real | estate taxes | | | | 4a. | \$ | 0.00 |
| | | erty, homeowner's | s, or renter | 's insurance | | 4b. | | 0.00 |
| | | • | | upkeep expenses | | 4c. | | 0.00 |
| | 4d. Home | eowner's associa | tion or con | dominium dues | | 4d. | \$ | 0.00 |
| 5. | Additional | mortgage paym | ents for vo | our residence, such as ho | me equity loans | 5. | \$ | 0.00 |

| | Parren Wade | | |
|-------------------------------|--|------------------------|------------------------------|
| ebtor 2 A | Amanda Wade | Case number (if known) | - |
| . Utilities | • | | |
| | ectricity, heat, natural gas | 6a. \$ | 250.00 |
| | Vater, sewer, garbage collection | 6b. \$ | 125.00 |
| | elephone, cell phone, Internet, satellite, and cable services | 6c. \$ | 200.00 |
| | Other. Specify: | 6d. \$ | 0.00 |
| | nd housekeeping supplies | 7. \$ | 650.00 |
| | are and children's education costs | 8. \$ | |
| | | 9. \$ | 0.00 |
| | g, laundry, and dry cleaning | · • | 40.00 |
| | al care products and services | 10. \$ | 25.00 |
| | I and dental expenses | 11. \$ | 0.00 |
| | ortation. Include gas, maintenance, bus or train fare. include car payments. | 12. \$ | 500.00 |
| | inment, clubs, recreation, newspapers, magazines, and books | 13. \$ | 50.00 |
| | ble contributions and religious donations | 14. \$ | |
| | • | ι4. ψ | 0.00 |
| i. Insuran | include insurance deducted from your pay or included in lines 4 or 20. | | |
| | ife insurance | 15a. \$ | 0.00 |
| | lealth insurance | 15b. \$ | 0.00 |
| | /ehicle insurance | 15c. \$ | 175.00 |
| | Other insurance. Specify: | 15d. \$ | 0.00 |
| | Do not include taxes deducted from your pay or included in lines 4 or 20. | 13α. ψ | 0.00 |
| Specify: | | 16. \$ | 0.00 |
| | ·nent or lease payments: | 10. ψ | 0.00 |
| | Car payments for Vehicle 1 | 17a. \$ | 0.00 |
| | Car payments for Vehicle 2 | 17b. \$ | 0.00 |
| | Other. Specify: | 17c. \$ | 0.00 |
| | Other. Specify: | 17d. \$ | |
| | ayments of alimony, maintenance, and support that you did not report | | 0.00 |
| | ed from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 6I). | 18. \$ | 0.00 |
| | payments you make to support others who do not live with you. | \$ | 0.00 |
| Specify: | | 19. | 0.00 |
| | eal property expenses not included in lines 4 or 5 of this form or on So | | |
| | fortgages on other property | 20a. \$ | 0.00 |
| 20b. R | Real estate taxes | 20b. \$ | 0.00 |
| 20c. P | Property, homeowner's, or renter's insurance | 20c. \$ | 0.00 |
| 20d. M | Maintenance, repair, and upkeep expenses | 20d. \$ | 0.00 |
| | lomeowner's association or condominium dues | 20e. \$ | 0.00 |
| . Other: S | | 21. +\$ | 0.00 |
| . Other. | ореспу. | Σ1. ΤΨ | 0.00 |
| | onthly expenses. Add lines 4 through 21. | 22. \$ | 2,015.00 |
| The res | ult is your monthly expenses. | | |
| | te your monthly net income. | | |
| 23a. C | Copy line 12 (your combined monthly income) from Schedule I. | 23a. \$ | 3,859.72 |
| 23b. C | Copy your monthly expenses from line 22 above. | 23b\$ | 2,015.00 |
| | | | |
| | Subtract your monthly expenses from your monthly income. | | 4 044 70 |
| T | he result is your monthly net income. | 23c. \$ | 1,844.72 |
| 24. Do you For exam | expect an increase or decrease in your expenses within the year after nple, do you expect to finish paying for your car loan within the year or do you expect you to the terms of your mortgage? | | ase or decrease because of a |
| ☐ Yes. | | | |
| Explain: | | | |

Case 6:15-bk-05064-ABB Doc 1 Filed 06/11/15 Page 30 of 50

B6 Declaration (Official Form 6 - Declaration). (12/07)

Darren Wade

United States Bankruptcy CourtMiddle District of Florida

| In re | Amanda Wade | | | Case No. | | |
|---|---|-----------|------------------------------------|-----------|----|--|
| | | | Debtor(s) | Chapter | 13 | |
| | DECLARATION | CONCERN | ING DEBTOR'S | S SCHEDUL | ES | |
| | DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR | | | | | |
| I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of sheets, and that they are true and correct to the best of my knowledge, information, and belief. | | | | | | |
| Date | June 11, 2015 | Signature | /s/ Darren Wade Darren Wade Debtor | | | |
| Date | June 11, 2015 | Sionature | /s/ Amanda Wade | | | |

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

Amanda Wade Joint Debtor

United States Bankruptcy Court Middle District of Florida

| In re | Darren Wade Amanda Wade | | Case No. | |
|-------|----------------------------|-----------|----------|----|
| | | Debtor(s) | Chapter | 13 |

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any persons in control of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(2), (31).

1. Income from employment or operation of business

None

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE

\$23,870.19 2015 YTD: Husband Mcdonalds \$54,591.00 2014: Husband Mcdonalds \$57,096.00 2013: Husband Mcdonalds

2. Income other than from employment or operation of business

None

State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE

3. Payments to creditors

None

Complete a. or b., as appropriate, and c.

a. *Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR DATES OF PAYMENTS

AMOUNT PAID

AMOUNT STILL OWING

None

b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$6,225*. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT
DATES OF PAID OR
PAYMENTS/ VALUE OF
TRANSFERS TRANSFERS

PAID OR VALUE OF AMOUNT STILL TRANSFERS OWING

NAME AND ADDRESS OF CREDITOR

c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR

DATE OF PAYMENT

AMOUNT PAID

AMOUNT STILL OWING

4. Suits and administrative proceedings, executions, garnishments and attachments

None

a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT
AND CASE NUMBER
Christina Trust v. Darren Wade
Case 2012CA006191

NATURE OF PROCEEDING Foreclosure

COURT OR AGENCY AND LOCATION Seminole County, FL STATUS OR
DISPOSITION
Final
Judgement

None

b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED

DATE OF SEIZURE

DESCRIPTION AND VALUE OF PROPERTY

^{*} Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

3

5. Repossessions, foreclosures and returns

None

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER

DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN

DESCRIPTION AND VALUE OF PROPERTY

6. Assignments and receiverships

None

a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE

DATE OF ASSIGNMENT

TERMS OF ASSIGNMENT OR SETTLEMENT

None b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately

preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN NAME AND LOCATION OF COURT CASE TITLE & NUMBER

DATE OF ORDER DESCRIPTION AND VALUE OF

PROPERTY

7. Gifts

None

List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION RELATIONSHIP TO DEBTOR. IF ANY

DATE OF GIFT

DESCRIPTION AND VALUE OF GIFT

8. Losses

None

List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case.** (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY

DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS

DATE OF LOSS

9. Payments related to debt counseling or bankruptcy

None

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE

The Washington Law Firm 535 N. Fern Creek Ave. Orlando, FL 32803

DATE OF PAYMENT, NAME OF PAYER IF OTHER THAN DEBTOR 6-10-15

AMOUNT OF MONEY
OR DESCRIPTION AND VALUE
OF PROPERTY
\$290

NAME AND ADDRESS OF PAYEE

Debthelper.com P.O. Box 220597 West Palm Beach, FL 33422 DATE OF PAYMENT, NAME OF PAYER IF OTHER THAN DEBTOR 6-10-15 AMOUNT OF MONEY
OR DESCRIPTION AND VALUE
OF PROPERTY

\$24.00

10. Other transfers

None

a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR

DATE

DESCRIBE PROPERTY TRANSFERRED
AND VALUE RECEIVED

None b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER

DEVICE

DATE(S) OF TRANSFER(S) AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST

IN PROPERTY

11. Closed financial accounts

None

List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION

TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE

AMOUNT AND DATE OF SALE OR CLOSING

12. Safe deposit boxes

None

List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY

DESCRIPTION OF CONTENTS

DATE OF TRANSFER OR SURRENDER, IF ANY

13. Setoffs

None

List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR

DATE OF SETOFF

AMOUNT OF SETOFF

${\bf 14. \ Property \ held \ for \ another \ person}$

None

List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER

DESCRIPTION AND VALUE OF PROPERTY

LOCATION OF PROPERTY

5

15. Prior address of debtor

None

If the debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS NAME USED DATES OF OCCUPANCY

16. Spouses and Former Spouses

None

If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

None

a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

NAME AND ADDRESS OF DATE OF ENVIRONMENTAL SITE NAME AND ADDRESS GOVERNMENTAL UNIT NOTICE LAW

GOVERNMENTAL ONT

None b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

NAME AND ADDRESS OF DATE OF ENVIRONMENTAL SITE NAME AND ADDRESS GOVERNMENTAL UNIT NOTICE LAW

None c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which

the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT

DOCKET NUMBER

STATUS OR DISPOSITION

6

18. Nature, location and name of business

None

a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within six years immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO.

(ITIN)/ COMPLETE EIN ADDRESS NATURE OF BUSINESS

BEGINNING AND

ENDING DATES

None

b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

NAME

NAME ADDRESS

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within **six years** immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

(An individual or joint debtor should complete this portion of the statement **only** if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)

19. Books, records and financial statements

None

a. List all bookkeepers and accountants who within **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS

DATES SERVICES RENDERED

None b. List all firms or individuals who within the **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

NAME

ADDRESS

DATES SERVICES RENDERED

DATE ISSUED

None c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME ADDRESS

None d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within **two years** immediately preceding the commencement of this case.

NAME AND ADDRESS

B7 (Official Form 7) (04/13)

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20. Inventories

None

a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DATE OF INVENTORY

INVENTORY SUPERVISOR

DOLLAR AMOUNT OF INVENTORY

(Specify cost, market or other basis)

None b

b. List the name and address of the person having possession of the records of each of the inventories reported in a., above.

NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY RECORDS

DATE OF INVENTORY

21. Current Partners, Officers, Directors and Shareholders

None

a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS

NATURE OF INTEREST

PERCENTAGE OF INTEREST

None b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NAME AND ADDRESS

TITLE

NATURE AND PERCENTAGE OF STOCK OWNERSHIP

22. Former partners, officers, directors and shareholders

None

a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

NAME

ADDRESS

DATE OF WITHDRAWAL

None b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS

TITLE

DATE OF TERMINATION

23. Withdrawals from a partnership or distributions by a corporation

None

If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTOR

DATE AND PURPOSE OF WITHDRAWAL

AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY

24. Tax Consolidation Group.

None

If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION

TAXPAYER IDENTIFICATION NUMBER (EIN)

B7 (Official Form 7) (04/13)

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25. Pension Funds.

None

If the debtor is not an individual, list the name and federal taxpayer-identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

NAME OF PENSION FUND

TAXPAYER IDENTIFICATION NUMBER (EIN)

* * * * * *

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

| Date | June 11, 2015 | Signature | /s/ Darren Wade | |
|------|---------------|-----------|-----------------|--|
| | | _ | Darren Wade | |
| | | | Debtor | |
| Date | June 11, 2015 | Signature | /s/ Amanda Wade | |
| | | _ | Amanda Wade | |
| | | | Joint Debtor | |

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

UNITED STATES BANKRUPTCY COURT MIDDLE DISTRICT OF FLORIDA

NOTICE TO CONSUMER DEBTOR(S) UNDER § 342(b) OF THE BANKRUPTCY CODE

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days before the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

Chapter 7: Liquidation (\$245 filing fee, \$75 administrative fee, \$15 trustee surcharge: Total Fee \$335)

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

<u>Chapter 13</u>: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$75 administrative fee: Total Fee \$310)

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the

Page 2

Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

Chapter 11: Reorganization (\$1,167 filing fee, \$550 administrative fee: Total Fee \$1,717)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$75 administrative fee: Total Fee \$275)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The documents and the deadlines for filing them are listed on Form B200, which is posted at http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

B 201B (Form 201B) (12/09)

United States Bankruptcy Court Middle District of Florida

| In re | Darren Wade Amanda Wade | P.L. () | Case No. | | | | |
|------------------------------|--|--|---------------------|------------------------------|--|--|--|
| | | Debtor(s) | Chapter _ | 13 | | | |
| | CERTIFICATION OF NOTICE TO CONSUMER DEBTOR(S) UNDER § 342(b) OF THE BANKRUPTCY CODE | | | | | | |
| Code. | I (We), the debtor(s), affirm that I (we) have | Certification of Debtor received and read the attached not | ice, as required by | y § 342(b) of the Bankruptcy | | | |
| | า Wade da Wade | X /s/ Darren Wade | | June 11, 2015 | | | |
| Printed Name(s) of Debtor(s) | | Signature of Deb | otor | Date | | | |
| Case No. (if known) | | X /s/ Amanda Wad | le | June 11, 2015 | | | |
| | | Signature of Join | t Debtor (if any) | Date | | | |
| | | | | | | | |

Instructions: Attach a copy of Form B 201 A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) **only** if the certification has **NOT** been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

United States Bankruptcy Court Middle District of Florida

| In re | Darren Wade Amanda Wade | | Case No. | |
|---------|---------------------------------|---|---------------------|---------------------|
| | Amanda Wado | Debtor(s) | Chapter | 13 |
| | VEI | MATRIX | | |
| Γhe abo | ove-named Debtors hereby verify | y that the attached list of creditors is true and c | correct to the best | of their knowledge. |
| Date: | June 11, 2015 | /s/ Darren Wade | | |
| | | Darren Wade | | |
| | | Signature of Debtor | | |
| Date: | June 11, 2015 | /s/ Amanda Wade | | |
| | | Amanda Wade | | |

Signature of Debtor

Darren Wade 128 Wheatfield Circle Sanford, FL 32771 Celery Lakes HOA, Inc. Po Box 105302 Atlanta, GA 30348 Holl Crd P O Box 230609 Montgomery, AL 36123

Amanda Wade 128 Wheatfield Circle Sanford, FL 32771

Centcredserv 20 Corporate Hills Dr Saint Charles, MO 63301 Homeowner Services 2180 W. SR 434, Suite 5000 Longwood, FL 32779

Erik J. Washington The Washington Law Firm 535 N. Fern Creek Ave. Orlando, FL 32803

Crd Prt Asso Attn: Bankruptcy Po Box 802068 Dallas, TX 75380

Attn: Bankruptcy 444 Highway 96 East; Po Box 643 St. Paul, MN 55164

Acceptance Now 5501 Headquarters Dr Plano, TX 75024 Credit Acceptance Attn: Bankruptcy Dept 25505 West 12 Mile Rd Ste 3000 Southfield, MI 48034 Mazda Amer Cr Ford Credit Po Box 6275 Dearborn, MI 48121

IC System

Afni, Inc. Po Box 3097 Bloomington, IL 61702

Diversified Consultant 10550 Deerwood Park Blvd Jacksonville, FL 32256 Med Bus Cons Po Box 5417 Largo, FL 33779

Amerifinancial Solutio Po Box 602570 Charlotte, NC 28260 Fac/nab 480 James Robertson Pkwy Nashville, TN 37219 Midland Funding 8875 Aero Dr Ste 200 San Diego, CA 92123

Business Revenue Syste 2419 Spy Run Avenu Fort Wayne, IN 46805 First Federal Credit C 24700 Chagrin Blvd Ste 2 Cleveland, OH 44122 North Amercn 2810 Walker Rd Chattanooga, TN 37421

Capio 2222 Texoma Pkwy Ste 150 Sherman, TX 75090 First Premier Bank 3820 N Louise Ave Sioux Falls, SD 57107 Santander Consumer Usa Po Box 961245 Ft Worth, TX 76161

Capio Partners Llc Attn: Bankruptcy 2222 Texoma Pkwy Ste 150 Sherman, TX 75090 Fox Collection Center 456 Moss Trl Goodlettsville, TN 37072 Selene Finance 9990 Richmond Ave. Suite 400 South Houston, TX 77042 Verizon 500 Technology Dr Ste 550 Weldon Spring, MO 63304

West Asset 2703 North Highway 75 Sherman, TX 75090

Wfs Financial/Wachovia Dealer Srvs Po Box 3569 Rancho Cucamonga, CA 91729

United States Bankruptcy Court Middle District of Florida

| In | Darren Wade ^{re} Amanda Wade | | Case No. | |
|----|---|--------------------------------------|----------------------|-------------------------------------|
| | 7 III alia ii alia | Debtor(s) | Chapter | 13 |
| | DISCLOSURE OF COMPEN | SATION OF ATTORN | NEY FOR DE | CBTOR(S) |
| 1. | Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016 paid to me within one year before the filing of the petition behalf of the debtor(s) in contemplation of or in connection | in bankruptcy, or agreed to be p | paid to me, for serv | |
| | For legal services, I have agreed to accept | | \$ | 4,500.00 |
| | Prior to the filing of this statement I have received | | \$ | 290.00 |
| | Balance Due | | \$ | 4,210.00 |
| | For a Loan Modification, I have agreed to accept | | \$ | 1,800.00 |
| | Prior to the filing of this statement I have received | | \$ | 0.00 |
| | Balance Due | | \$ | 1,800.00 |
| | Monitoring Fee (\$50 per month to start at time of con | firmation) | \$ | 1,500.00 |
| | Prior to the filing of this statement I have received | | \$ | 0.00 |
| | Balance Due | | \$ | 1,500.00 |
| | Total Fees Under Chapter 13 Plan | | \$ | 7,800.00 |
| 2. | \$310.00 of the filing fee has been paid. | | | |
| 3. | The source of the compensation paid to me was: Debtor Other (specify): | | | |
| 4. | The source of compensation to be paid to me is: Debtor Other (specify): | | | |
| 5. | I have not agreed to share the above-disclosed comper | nsation with any other person un | lless they are memb | pers and associates of my law firm. |
| | I have agreed to share the above-disclosed compensation copy of the agreement, together with a list of the name | | | |
| 6. | In return for the above-disclosed fee, I have agreed to rend | der legal service for all aspects of | of the bankruptcy c | ase, including: |
| | a. Analysis of the debtor's financial situation, and renderib. Preparation and filing of any petition, schedules, statenc. Representation of the debtor at the meeting of creditorsd. [Other provisions as needed] | nent of affairs and plan which m | nay be required; | |
| 7. | By agreement with the debtor(s), the above-disclosed fee of Representation of the debtors in any disc any other adversary proceeding. | | | es, relief from stay actions or |

Case 6:15-bk-05064-ABB Doc 1 Filed 06/11/15 Page 46 of 50

| In re | Darren Wade Amanda Wade | Case No. | | | |
|-------|---|----------|--|--|--|
| | Debtor(s) | | | | |
| | DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S) (Continuation Sheet) | | | | |

| | | (Continuation Sneet) | |
|---|---------------|--------------------------------|--|
| | | CERTIFICATION | |
| I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding. | | | |
| Dated: | June 10, 2015 | /s/ Erik J. Washington | |
| | | Erik J. Washington 77128 | |
| | | The Washington Law Firm | |
| | | 535 N. Fern Creek Ave. | |
| | | Orlando, FL 32803 | |
| | | 407-982-4130 Fax: 407-965-4423 | |
| | | ewashington@washfirm.com | |

| Fill in this information to identify your case: | | | | | |
|---|--------------------------|----------------------------|--|--|--|
| Debtor 1 | Darren Wade | _ | | | |
| Debtor 2 (Spouse, if filing | Amanda Wade | | | | |
| United States B | ankruptcy Court for the: | Middle District of Florida | | | |
| Case number (if known) | | | | | |

| Chec | Check as directed in lines 17 and 21: | | | | | |
|------|--|--|--|--|--|--|
| | According to the calculations required by this Statement: | | | | | |
| - | 1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3). | | | | | |
| | Disposable income is determined under 11 U.S.C. § 1325(b)(3). | | | | | |
| • | 3. The commitment period is 3 years. | | | | | |
| | 4. The commitment period is 5 years. | | | | | |

☐ Check if this is an amended filing

Official Form 22C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

12/14

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: Calculate Your Average Monthly Income

- 1. What is your marital and filing status? Check one only.
 - □ Not married. Fill out Column A, lines 2-11.
 - Married. Fill out both Columns A and B, lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

| y | ou have nothing to report for any line, write \$0 in the space | €. | | | | | | |
|----|--|--------|----------|-----------------|-----------------------|----------|------------------------------|------|
| | | | | | Colun Debto | | Column Debtor non-fili | |
| 2. | Your gross wages, salary, tips, bonuses, overtime, a payroll deductions). | nd co | mmissi | ons (before all | \$ | 5,910.86 | \$ | 0.00 |
| 3. | Alimony and maintenance payments. Do not include $\ensuremath{\text{p}}$ Column B is filled in. | oayme | nts from | a spouse if | \$ | 0.00 | \$ | 0.00 |
| 4. | 4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3. | | | \$ | 0.00 | \$ | 0.00 | |
| 5. | Net income from operating a business, profession, of | r farm | ı | | | | | |
| | Gross receipts (before all deductions) | \$ | 0.00 | | | | | |
| | Ordinary and necessary operating expenses | -\$ | 0.00 | | | | | |
| | Net monthly income from a business, profession, or farm | 1\$ | 0.00 | Copy here -> | \$ | 0.00 | \$ | 0.00 |
| 6. | Net income from rental and other real property | | | | | | | |
| | Gross receipts (before all deductions) | \$ | 0.00 | | | | | |
| | Ordinary and necessary operating expenses | -\$ | 0.00 | | | | | |
| | Net monthly income from rental or other real property | \$ | 0.00 | Copy here -> | \$ | 0.00 | \$ | 0.00 |

Official Form 22C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

| Debtor 1 Debtor 2 | | rren Wade nanda Wade | | Case number | (if known) | | | | |
|--------------------------------|---------------------------|---|-------------|-------------------|------------|---------------|--------|-----------|---------------|
| | | | | Column A Debtor 1 | | Colum. Debtoi | 2 or | ouse | |
| 7 Into | erest | , dividends, and royalties | | \$ | 0.00 | \$ | 0 . | 0.00 | |
| | | oyment compensation | | \$ | 0.00 | \$ | | 0.00 | |
| Do | not e | enter the amount if you contend that the amount received was a benefial Security Act. Instead, list it here: | it under | · | 0.00 | · | | 0.00 | |
| ı | For yo | ou\$ | 00 | | | | | | |
| | | | 00 | | | | | | |
| 9. Pe | nsior | or retirement income. Do not include any amount received that wa under the Social Security Act. | s a | \$ | 0.00 | \$ | | 0.00 | |
| Do rec dor | not in ceived mesti | from all other sources not listed above. Specify the source and an aclude any benefits received under the Social Security Act or payment as a victim of a war crime, a crime against humanity, or international conternations. If necessary, list other sources on a separate page and pulline 10c. | ts or | | | | | | |
| | 10a. | | | \$ | 0.00 | \$ | | 0.00 | |
| | 10b. | | | \$ | 0.00 | \$ | | 0.00 | |
| | 10c. | Total amounts from separate pages, if any. | + | \$ | 0.00 | \$ | | 0.00 | |
| | | te your total average monthly income. Add lines 2 through 10 for lumn. Then add the total for Column A to the total for Column B. | \$ | 5,910.86 | + \$ _ | 0.0 | 0 | \$ | 5,910.86 |
| | | | | | <u> </u> | | | | al average |
| Part 2: | D | Petermine How to Measure Your Deductions from Income | | | | | | | , |
| 12. Co 13. Ca | py yo | our total average monthly income from line 11. te the marital adjustment. Check one: | | | | | | \$ | 5,910.86 |
| | You | u are not married. Fill in 0 on line 3d. | | | | | | | |
| | You | u are married and your spouse is filing with you. Fill in 0 in line 13d. | | | | | | | |
| | | u are married and your spouse is not filing with you. | | | | | | | |
| | dep | in the amount of the income listed in line 11, Column B, that was NO pendents, such as payment of the spouse's tax liability or the spouse's | s suppoi | rt of someone | e other th | nan you or | your c | depend | ents. |
| | adj | ines 13a-c, specify the basis for excluding this income and the amour ustments on a separate page. nis adjustment does not apply, enter 0 on line 13d. | it of inco | ome devoted | to each | purpose. I | rnece | ssary, i | st additional |
| | | as adjustinent does not apply, enter 0 on line 13d. | \$ | | | | | | |
| | |). | \$ <u> </u> | | _ | | | | |
| | 13 | | +\$ | | | | | | |
| | 130 | d. Total | \$ | 0.0 | 0 c | opy here=> | · 13d. | | 0.00 |
| | | | | | | | | | |
| 14. Y | our c | urrent monthly income. Subtract line 13d from line 12. | | | | | 14. | \$ | 5,910.86 |
| 15. C | alcul | ate your current monthly income for the year. Follow these steps: | | | | | | | |
| 15 | 5a. (| Copy line 14 here=> | | | | | 15a. | \$ | 5,910.86 |
| | | Multiply line 15a by 12 (the number of months in a year). | | | | | | X | 12 |
| 15 | 5b. T | The result is your current monthly income for the year for this part of the | ne form. | | | | 15b. | \$ | 70,930.32 |

Official Form 22C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

| Debt Debt | | | en Wade nda Wade | | Case number (if known) | | | |
|--------------|--------------|---------|--|----------------------------|---|-----------------|----------------|------------------|
| 16 | . Calc | ulate | the median family income that applies to | you. Follow these s | teps: | | | |
| | 16a. | Fill in | the state in which you live. | FL | _ | | | |
| | 16b. | Fill in | the number of people in your household. | 5 | | | | |
| | 16c. | Fill in | the median family income for your state and | size of household. | - | 16c. | \$ | 75,639.00 |
| | | | d a list of applicable median income amount ctions for this form. This list may also be ava | | | | | |
| 17 | . How | | e lines compare? | nable at the banking | noy stark's amou. | | | |
| | 17a. | | Line 15b is less than or equal to line 16c. 0 11 U.S.C. § 1325(b)(3). Go to Part 3. Do I | | | | | determined under |
| | 17b. | | Line 15b is more than line 16c. On the top 1325(b)(3). Go to Part 3 and fill out Calc current monthly income from line 14 above | ulation of Disposal | | | | |
| Par | t 3: | Cal | culate Your Commitment Period Under 11 | U.S.C. §1325(b)(4) | | | | |
| 18. | Сор | y you | total average monthly income from line | 11. | | 18. \$ | 5 | 5,910.86 |
| 19. | cont | end th | e marital adjustment if it applies. If you are at calculating the commitment period under a noome, copy the amount from line 13d. | married, your spou | se is not filing with you, and you | | | |
| | • | | al adjustment does not apply, fill in 0 on line | 19a. | | 19a. - 9 | S | 0.00 |
| | | | | | | | | |
| | Sub | tract I | ine 19a from line 18. | | | 19b. | \$ | 5,910.86 |
| | | | | | | | | |
| 20. | Cald | ulate | your current monthly income for the year | . Follow these steps | s: | | | 5.040.00 |
| | 20a. | Сору | line 19b | | | 20a. | \$ | 5,910.86 |
| | | Multip | bly by 12 (the number of months in a year). | | | | X | 12 |
| | 20b. | The r | esult is your current monthly income for the y | rear for this part of th | ne form | 20b. | \$ | 70,930.32 |
| | 20c. | Сору | the median family income for your state and | size of household for | rom line 16c | | \$ | 75,639.00 |
| | 21. | How | do the lines compare? | | | | | |
| | | | Line 20b is less than line 20c. Unless otherw period is 3 years. Go to Part 4. | ise ordered by the c | ourt, on the top of page 1 of this form, | check b | ox 3, <i>T</i> | he commitment |
| | | | Line 20b is more than or equal to line 20c. Uncommitment period is 5 years. Go to Part 4. | nless otherwise orde | ered by the court, on the top of page 1 | of this f | orm, ch | eck box 4, The |
| Par | t 4: | Sig | n Below | | | | | |
| | By s | igning | here, under penalty of perjury I declare that | the information on th | nis statement and in any attachments | is true a | nd corre | ect. |
|) | (/s/ | Darre | en Wade | х | /s/ Amanda Wade | | | |
| | | | Wade | | Amanda Wade | | | |
| | _ | | e of Debtor 1 e 11, 2015 | | Signature of Debtor 2 Date June 11, 2015 | | | |
| | Daic | | / DD / YYYY | | MM / DD / YYYY | | | |
| | - | | ked 17a, do NOT fill out or file Form 22C-2. ked 17b, fill out Form 22C-2 and file it with the | nis form. On line 39 | of that form, copy your current monthly | y income | e from li | ine 14 above. |

| Debtor 1 | Darren Wade | |
|----------|-------------|------------------------|
| | Amanda Wade | Case number (if known) |

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 12/01/2014 to 05/31/2015.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Mcdonalds

Income by Month:

| 6 Months Ago: | 12/2014 | \$13,577.13 |
|---------------|--------------------|-------------|
| 5 Months Ago: | 01/2015 | \$4,200.50 |
| 4 Months Ago: | 02/2015 | \$4,076.92 |
| 3 Months Ago: | 03/2015 | \$4,331.73 |
| 2 Months Ago: | 04/2015 | \$5,692.31 |
| Last Month: | 05/2015 | \$3,586.54 |
| | Average per month: | \$5,910.86 |
| | | |